

INSTRUCTIONS FOR COMPLETING PROOF OF CLAIM FORM
FOR ALL CREDITORS AND POLICYHOLDERS

Item	Instructions
1.	State party to whom payment should be made.
2.	Provide address to which payment should be made. If this address changes after submission of the Proof of Claim, a revised Proof of Claim must be submitted, indicating the revision.
3.	State Contact Person familiar with the proof of claim submitted who may be contacted if necessary. State Claimant's and Contact Person's telephone numbers to contact if necessary.
4.	Provide Claimant's Federal Tax Identification number.
5.	Do you have an attorney representing you in regards to this Proof of Claim? If so, state the attorney's name, address and telephone number.
6.	Check which insurer this claim is being made against.
7.	Describe the nature or basis of the claim against DIR/TRA/ANLIR. If the claim is based on a contract, a copy of said contract including any insurance policy, if available, must be attached.
8.	Provide the total amount of sums claimed in this Proof of Claim to be owed by ANLIR/DIR/TRA.
9.	Is there an existing lawsuit or claim previously submitted to DIR/TRA/ANLIR in regards to this Proof of Claim? If so, state the plaintiff name, defendant name, policy number and claim number if known.
10.	Print the name of the person executing the claim on behalf of the Claimant.
11.	Sign the Proof of Claim Form and have your signature notarized.
12.	Attach supporting documentation and completed W-9 tax form.

CLAIM DOCUMENTATION MUST BE ATTACHED TO THIS PROOF OF CLAIM ALONG WITH A W-9 FEDERAL TAX FORM. Claims cannot be processed and paid without supporting documentation.

Only one claim per Proof of Claim form will be accepted. If additional claims are identified, you must submit a separate Proof of Claim form and attach the appropriate supporting documentation and W-9 for each. No Proof of Claim should duplicate claim amounts submitted with a previous Proof of Claim.

*******ALL CLAIMS MUST BE PRESENTED (RECEIVED) ON OR BEFORE*****
AUGUST 30, 2004, 4:30 P.M., C.T. AT THE FOLLOWING ADDRESS:**

**Reciprocal Receiverships Administrative Office
P. O. Box 23770
Nashville, TN 37202**

**Inquiries concerning status of liquidation may be directed by email to:
reciprocals@bytesofknowledge.com**

**Additional information can be obtained on the Internet at (please note spelling):
<http://www.state.tn.us/commerce/insurance/reciprocals>**

PLEASE READ THIS FORM CAREFULLY AND NOTE THAT YOU ARE MAKING THE FOLLOWING STATEMENTS UNDER OATH

**PROOF OF CLAIM
AGAINST LIQUIDATED ESTATE OF
ANLIR/DIR/TRA**

CLAIMANT INFORMATION

(For Liquidator’s Use Only)

Claim # _____

Date Received: _____

1. **Claimant Name:** (Party who is executing this claim and to whom payment should be made)
- _____
2. **Claimant Address:** (Address to which Payment should be directed)
- _____
- _____
(Street) (City) (State) (Zip Code)
3. **Contact Person Name and Title:** _____ **Phone(s) :** _____ - _____
4. **Federal Tax ID #:** _____
5. **Are you represented by Counsel? If so, Counsel Name, Address and Phone:**
- _____
- _____
- _____

CLAIM INFORMATION

6. **Claim is being made against the liquidated estate of:** (Mark one) _____ **ANLIR** _____ **DIR** _____ **TRA**
7. **General Description of Basis for Claim:** (Provide general description of basis for claim)
- _____
- _____
- _____
8. **Total Amount of Claim:** _____
9. **Does this Proof of Claim relate to a lawsuit or other matter involving an insured of DIR/TRA/ANLIR?** _____
If so, please state name of insured, plaintiff, defendant, policy number and claim number, if known.
- _____
- _____
- _____

*****CLAIM DOCUMENTATION AND W-9 MUST BE ATTACHED TO and SUBMITTED WITH THIS PROOF OF CLAIM*****

BEFORE ME, the undersigned Notary Public, appeared the person whose name is subscribed hereto, who states under oath the following: I attest that, after deducting all offsets and counterclaims the above entity is indebted to me as contained herein, that this claim is TRUE & CORRECT and justly owed, that no part of the amount claimed has been paid by DIR/TRA/ANLIR, and should monies from other sources be received, I will contact the Receiver and report the amount.

10. **Claimant Name:** (Please Print)
- _____
11. **Claimant Signature:**
- _____

SUBSCRIBED AND SWORN BEFORE ME, this _____ day of _____, 20_____.

Notary Public My Commission Expires:_____

Notary Name Typed/Printed

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